BAMC's

February 2012/ www.bamc.amedd.army.mil

A NEWSLETTER FOR THE STAFF AND PATIENTS OF BROOKE ARMY MEDICAL CENTER



San Antonio Military Medical Center's staff receive hands-on training for the new rooftop helipad at SAMMC Jan. 9.





Photo by Dwayne Snader

Brooke Army Medical Center (BAMC) is comprised of the San Antonio Military Medical Center (SAMMC) an Army medical center and the largest of the five treatment facilities in San Antonio under the BAMC command. Other facilities falling under BAMC include the Center for the Intrepid, Fort Sam Houston Clinic, Taylor Burk Clinic at Camp Bullis, and the Schertz Medical Home. SAMMC is the largest inpatient medical facility in the Department of Defense, with 425 beds, the only Burn Center and the only Level 1 Trauma Center in the U.S.

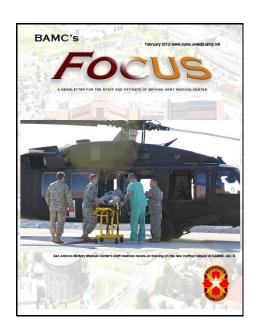


Photo by Kelly Schaefer

San Antonio Military Medical Center's staff receive hands-on training for the new rooftop helipad at SAMMC Jan. 9.

While SAMMC has always had a ground helipad for rotary wing patient transport, an additional rooftop helipad was constructed on the new tower for quicker access to the trauma facility.

This new helipad, the only one of its kind in the DoD, is scheduled to begin operations this spring.



The SAMMC Acute Care Clinic and Emergency Department are on the 1st floor of the new consolidated tower.

Brooke Army Medical Center/
San Antonio Military
Medical Center
February 2011

MG M. Ted Wong Commander

CSM Marshall L. HuffmanCommand Sergeant Major

Dewey MitchellChief, Strategic Communications

Maria Gallegos Editor

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Questions, comments or submission for the BAMC's Focus should be directed to the editor at 210.916.5160, or by email; maria.gallegos@amedd.army.mil.

Deadline for submission is six days before the 15th of the month. We reserve the right to edit submissions selected for the paper.



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CSM Marshall L. Huffman POC: SSG Marrella West (210) 916-5061

Mission

Effectively and efficiently promote health and provide quality healthcare to eligible patients, while preparing future healthcare leaders to do the same within the full spectrum of military medical operations.

Vision

Develop and maintain patient trust by being available, accessible and accountable.

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WORDS FROM THE COMMANDER

Team BAMC,

Recognizing our accomplishments. Justified or not, the reality is we are in an environment of intense scrutiny and many times we are responding to negative issues and perceptions. That said, I want us to recognize and celebrate all the positive accomplishments that our staff and organization are making.

For example, last week, the American College of Surgeons reviewed our trauma programs in great detail, and pending final approval of the report, we should retain our Level 1 Trauma Center designation, the only one in DoD located in CONUS. The survey team found zero criteria deficiencies, and only minor findings and recommendations, demonstrating again the outstanding services we offer both the DoD and our local community. Our success was directly attributable to the outstanding efforts, teamwork and collaboration by our staff (Army/Air Force, military/civilian), services and clinics.

CPT Brendan Graham's story (in this month's issue) about being a Jeopardy champion and donating half his winnings to Warrior charities highlights the talented and compassionate staff members that make up our organization. In addition to these high profile examples, there are numerous less publicized actions going on everyday that reflect the terrific healthcare being provided by our team. From the resident who treats his patient as if she was his own mother and not just someone who provides an opportunity to learn medicine, to the nurse who works past her shift in order to comfort a patient during a difficult period in his treatment, and to the Soldier who goes out of his way to help an elderly patient find her way to the Medicine clinic, these are the events and successes that we need to celebrate and remember; these are the things that define who we are as an organization.

As our facilities near completion, as we conclude our movement into the SAMMC tower and as our leadership finalizes rating schemes and staffing documents, we must continue to focus all of our actions on achieving our vision, to be the premier medical center in DoD.

With The Joint Commission Survey approaching, we must all pay even closer attention to the many JC standards that are critical to as successful survey. We are a dedicated and talented team of teams, with the opportunity to establish a destiny that we can all be proud of.

Thank you for your superb efforts and teamwork, and I congratulate you on the contributions that you all make every day.

MTW

M. Ted Wong MG, USA Commanding General Southern Regional Medical Command, Brooke Army Medical Center and San Antonio Military Medical Center



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BAMC Personnel Train for Expert Medic Badge

By John Franklin

Taylor Burk Clinic, Camp Bullis

Brooke Army Medical Center has prepared more than 20 candidates for the upcoming Expert Field Medical Badge Competition scheduled Feb 28 – March 8 at Camp Bullis.

The training has been conducted since November 2011 at Fort Sam Houston and recently a Field Training exercise Jan 6-7 at Camp Bullis. The exercise consists of officers and enlisted medical personnel.

The Expert Field Medical Badge (EFMB) is one of the most difficult badges to earn, often with less than twenty percent of the people successfully completing the competition and earning the prestigious badge according to Capt. Rend Yudhistira, BAMC Bravo Company commander, who oversaw the group's preparation for the competition.

"BAMC's EFMB selection and training program is a rigorous 5-week program that was designed to assess and select the most suitable Soldiers and Airmen to fill the limited slots available during EFMB testing," said Yudhistira.

The training included events such as road marches, written examinations, medical evacuation training, and warrior

task training.

The program culminates with the capstone event, a field training exercise (FTX) at Camp Bullis. The event intensely evaluates the candidates on EFMB tasks while simultaneously employing the physical prowess they have developed thus far. A significant emphasis is placed on attention to detail in every aspect of training from being in the correct uniform to completing hands-on tasks.

"Attention to minute details equals' success in the candidates earning their EFMB, that is what we instill in them every day from the moment they report for training," said Staff Sgt. Howard Sleath, the program's NCOIC.

To earn the Expert Field Medical Badge applicants must score high on a written exam covering a wide variety of medical treatment questions and common Soldier tasks, demonstrate weapons proficiency, and physical fitness.

The candidates are also required to be proficient in both day and night land navigation which requires they move a particular route over undeveloped land using a compass.

The night land navigation aspect is a particularly difficult task. The competition requires the candidates to demonstrate

their knowledge of combat medical care by successfully treating multiple casualties in a simulated combat environment and their knowledge of medical evacuation procedures once they have treated their patients.

The preparations are academically and physically demanding, said Yudhistira of the competitors. "They are all volunteers."

The EFMB candidates are assisted by more than 30 cadre and support personnel from BAMC during the FTX.

Sleath pointed out that many of the candidates receive their training, before or after duty hours or on weekends, and return to their units to perform their regular duties.

"You do what it takes to accomplish the mission and train your Soldiers," said Sleath.

"Preparing for the Expert Field Medical Badge results in excellent training for those competing, even if the applicant does not successfully earn the EFMB they return to their units with greater skills," said Sleath.

"Some candidates compete for the EFMB multiple times before successfully earning the coveted badge of excellence."



Photos by John Franklin

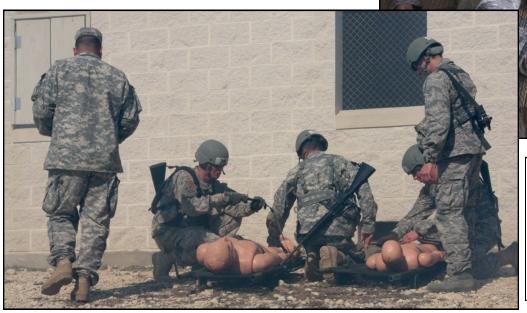
Capt. Rachel Acciacca provides medical aid to a simulated casualty during Expert Field Medical Badge competition training at Camp Bullis. Staff Sgt. Anthony Damian observes her actions during the training.

BAMC Personnel Train for Expert Medic Badge (con't)



During the Combat
Testing Lane exercise
Lt. Col. Chuck Williams works on a
simulated casualty
while Sgt. Caleb
Eckart observes and
coaches him as he
prepares to compete
for the Expert Field
Medical Badge.

Staff Sgt. William Outlaw observes the actions of a candidate for the Expert Field Medical Badge as he assesses the wounds of a simulated casualty during Combat Trauma training at Camp Bullis. Capt. Rendy Yudhistira, BAMC Bravo Company commander watches the aid being administered.



BAMC medical staff personnel training for the Expert Field Medical Badge competition prepare simulated casualties for movement to a medevac point. Staff Sgt. John Gonzalez, far left, observes and coaches them.

New Emergency/Trauma Department opens in tower at San Antonio Military Medical Center

By Kari Thresher Medical BRAC, Public Affairs

On Jan. 12, almost 3 years after the demolition of the old ambulance bay on the site for the addition of a BRAC – funded, 760,000-square-foot hospital tower, the new Emergency Department (ED) at San Antonio Military Medical Center (SAMMC) opened its doors.

SAMMC now has the largest ED in the Department of Defense (DoD) and is currently the only stateside DoD Level I trauma center. The new ED includes some of the nation's most sophisticated medical imaging technology, an on-site lab, and disaster management facilities.

The 46,000-square-foot ED is located on the east side of SAMMC and contains 60 beds organized into four 'pods' that can be opened or closed throughout the day as needed. The additional beds in the new facility, versus 22 beds in the original ED, allow staff to work with more patients at once, ultimately helping to move patients through more quickly.

SAMMC has averaged more than 200 traumas a month, including nearly 80 trauma referrals per month from hospitals in 22 surrounding counties, since Wilford Hall Medical Center (now Wilford Hall Ambulatory Surgical Center) closed its emergency trauma care in July 2010.

The ED at SAMMC administers treatment to more than 75,000 patients per year and, on average, receives 35 ambulances and admits 38 patients to the hospital per day. With this number of patients, SAMMC is able to support one of the largest military Emergency Medicine Residencies and offers fellowships in Ultrasound, EMS and Research.

SAMMC is also the home of the Army Nurse Corps' Emergency Nursing Course, a 16-week course that prepares nurses for the specialty of emergency/trauma nursing.

"We could not be more pleased with the opening of the new Emergency De-



Photo courtesy USACE

On March 25, 2009, the old ambulance bay was demolished to make room for the new tower at SAMMC.



Photo by Dwayne Snader

The red light from SAMMC's new ambulance bay lights up the night.

partment," said Army Lt. Col. Lisa Lehning, Chief of SAMMC Emergency Nursing Services.

"This significant expansion allows us to maximize our trauma training platform and the addition of the state of the art equipment and 24/7 ancillary service support such as radiology and lab optimizes the level and manner in which we deliver care."

The new ED features a number of

improvements, including:

- five triage rooms for easier frontaccess flow
- four major surgical trauma rooms and four medical trauma resuscitation rooms to provide care to multiple trauma patients simultaneously; all of which are adjacent to the new ambulance bay

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A SOLDIER PERFORMS SELFLESS ACT OF GENEROSITY

By Maria Gallegos BAMC, Public Affairs

Born and raised in California, Capt. Brendan Graham never imagined winning big on a game show.

In January 2012, that is exactly what he did. Graham, a pathologist at San Antonio Military Medical Center won \$47,602 on 'Jeopardy' during his threeshow stint.

After his first win on the show, Graham and his wife Lindsey, also a physician at SAMMC, agreed to donate half of their winnings to three charities: the Wounded Warrior Project, the Fisher House and the Archdiocese for the Military Service -San Antonio.

As military physicians, working and collaborating with the Wounded Warrior Project and the Fisher House organizations were well-known by the Grahams'.

"I saw these organizations almost every day. When a patient arrives at the hospital, a representative from the Wounded Warrior Project is always there to assist the patient and their well being," Graham said. "And the Fisher House project offers a free place to stay for families while their loved ones recover from their injuries."

"Another charity I failed to mention on the show was the Archdiocese for the Military Service - San Antonio. We are giving a third of our winnings to this organization," Graham said.

"As devoted Catholics, this was a natural decision for us make."

According to the web site, the organi-

zation provides the Catholic Church's full range of pastoral ministries and spiritual service to those in the United States Armed Forces.

"I am grateful and blessed for what they [three charities] do for our patients," he said.

"My wife and I are simple people. Winning lots of money was not my priority on the show. I was more interested in beating other competitors and demonstrating to the world, we have very intelligent people in the military that can compete with very intelligent civilians in the world."

The Grahams' are expecting their second child in March and their personal plans to use the money are small but meaningful.

"My wife wants to buy a rocking chair that is wide enough so both of our children can sit in the rocking chair with her while she reads to them," he said.

For more information on the charities: Fisher House at http://www.fisherhouse.org/; Wounded Warrior Project at http://www.woundedwarriorproject.org/; Catholic Charities: Military Archdiocese of US at http://www.milarch.org/



Courtesy Photo/SA

Capt. Brendan Graham, seen here with 'Jeopardy' host Alex Trebek, donated half of his \$47,602 winning to military charities: the Wounded Warrior Project, the Fisher House and the Archdiocese for the Military Service-San Antonio.

ED, continued from page 8

- Radiology Suite with 24/7 CT and in room X-ray
- Satellite Laboratory staffed 24/7 with a respiratory therapist and laboratory staff
- 12 new surgical suites and intensive care unit located on the floor above

the emergency room

- dedicated pharmacy
- secure patient isolation room area where a patient can be safe from instruments and tools
- all private rooms
- a decontamination facility

While SAMMC has always had a ground helipad for rotary wing patient transport, an additional rooftop helipad was constructed on the new tower for quicker access to the trauma facility.

This new helipad, the only one of its kind in the Department of Defense, is scheduled to begin operations this spring.

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BAMC'S FOCUS

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Purple Heart medals and certificates presented by the Secretary of the Army



Photo by Maria Gallegos

(From left) BAMC Command Sgt. Maj. Marshall Huffman, Staff Sgt. Robert Geer, Staff Sgt. Brian Wayland, John McHugh, Secretary of the U.S. Army, Spc. Joshua Saul, Pfc. Cameron Congleton and Maj. Gen. M. Ted Wong, commander of BAMC and SRMC, pose after the Purple Heart ceremony Jan. 11 at the WFSC. McHugh presented the Purple Heart medals and certificates to four Purple Heart recipients at the Warrior Family Support Center and five Purple Heart recipients at their bedside at SAMMC.



Photo by Kelly Schaefer

Secretary of the Army John McHugh presents a Purple Heart medal and certificate to Pfc. Charles Ligon during a visit to SAMMC, Jan. 11. Ligon's Mom, Suzanne also pictured.

Ligon was assigned to Company A, 2nd Battalion, 35th Infantry, 3rd Brigade Combat Team, 25th Infantry Division serving as an Infantryman in Afghanistan when he was stuck by an improvised explosive device resulting in his combat injuries on Dec. 11, 2011.

Purple Heart medals and certificates presented by the U.S. Army North Commanding General



Photo by Maria Gallegos

(From left) U.S. Army North Command Sgt. Maj. David Wood, Sgt. Elmer Cajes, Spc. Joshua Michael, Pfc. Jeffrey Brown, Spc. Christopher Haley, Pfc. Brett Bondurant, Pfc. Andrew Strege, Lt. Gen. William Caldwell, commanding general of U.S. Army North and Fifth Army, (lower left to right), Spc. Jonathan Gideon and Pfc. Kevin Trimble pose after the Purple Heart Ceremony, Jan. 31 at the Warrior and Family Support Center. Caldwell presented the Purple Heart medals and certificates during the event.



Photo by Maria Gallegos

The Purple Heart is awarded to members of the Armed Forces of the United States who are wounded by an instrument of war in the hands of the enemy and posthumously to the next of kin in the name of those who are killed in action or die of wounds received in action. It is specifically a combat decoration and the oldest military honor use in the world.

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February: American Heart Month

10 Ways to Love your Heart

- I. **Be active:** The American Heart Association recommends at least 30 minutes of moderate to vigorous physical activity a day.
- 2. **Eat smart:** Enjoy a diet low in sodium, saturated fat and trans fat, rich in fruits, vegetables, whole grains, and monounsaturated fat and polyunsaturated fat.
- 3. **Don't smoke:** Talk to your health-care provider about smoking cessation programs in your area.
- 4. **Know your numbers:** Discuss with your doctor healthy numbers for you to keep your heart healthy.
- 5. **De-stress:** Take control of stress by meditating, writing in a journal or going for a brisk walk.
- 6. Maintain a healthy weight: Excess weight can increase your risk of developing heart disease. Losing even a small amount of weight can help to decrease your risk.
- 7. **Evaluate your risk:** Age, gender, race/ethnicity, family history and other medical conditions can all increase your risk of developing heart disease. Know which factors affect you and what you can do to reduce them.
- 8. Listen to your heart: When warning signs pop up, pay attention to them. Visiting a doctor early increases your chances of avoiding a serious condition.
- 9. **Know the facts:** Read up on heart disease so you can be better prepared to help prevent and fight it.
- 10. **Follow up regularly:** Keep track of your heart health and risk factors by visiting your doctor regularly for medical checkups.

Great American Spit Out: Quit for a day or quit for good

By BethAnn Cameron

Health Educator, U.S. Army Public Health Command

Are you looking to quit chewing tobacco or know someone who talked about quitting? If so, the Great American Spit Out on Feb. 23 provides an opportunity to quit for a day or quit for good.

Here are some reasons to quit spit tobacco (also called chew, dip, snuff, smokeless tobacco).

Chewing tobacco, like all tobacco products, contains nicotine. Nicotine is an addictive substance and overtime a person can become physically dependent and emotionally addicted to nicotine.

Addiction to nicotine controls your life and how you spend your money (two cans of tobacco per week costs about \$280 annually).

Nicotine impacts the ability to perform mission by reducing stamina, harming vision and slowing wound healing. In addition, nicotine affects the sperm and reduces the sperm count, reducing chances of being able to have children.

In addition to nicotine, there are also chemicals in chewing tobacco that can cause cancers of the mouth, throat and jaw.

Many chewing tobacco users get thick, leathery white patches in their mouths called leukoplakia, or red sores that can turn into cancer. Tobacco causes cavities and gum disease (gingivitis), that can lead to bone and tooth loss. It can also cause high blood pressure and heart attacks because of the high levels of salt.

Bottom line-tobacco is bad for you and looks just plain gross. You can break the habit.

According to the 2008 Survey of

TOBACCO, continued on page 13

REMARKABLE STAFF



Master Sgt. James Gilliam, BAMC's Equal Opportunity Advisor has demonstrated exceptional performance in providing BAMC's staff with Equal Opportunity and Sexual Harassment/Assault Response and Prevention (SHARP) training since February 2011.

Gilliam's Secret to Success—

"I believe we all need to respect each other regardless of race, religion or sex. In order for our culture to change, we must believe it can change. My mission is to provide and assist our staff in self-awareness and make changes in their environment as needed."

If you know a Remarkable Staff or a Volunteer, please submit his/her name, duty location and accomplishments to Maria Gallegos at maria.gallegos@amedd.army.mil

www.bamc.amedd.army.mil/210-916-4141

New truncal tourniquet ready for battlefield use

By Steve Galvan USAISR, Public Affairs

Saving the lives of combat wounded is one of the main focuses at the U.S. Army Institute of Surgical Research at Fort Sam Houston.

Research on pre-hospital care devices like the tourniquet has proven to save lives in the battlefield from a wound to the arms or legs that was once the most common cause of preventable death.

Now, after almost two years of research on a device to prevent the most common cause of preventable death in the battlefield, the junctional tourniquet is ready for battlefield use.

"Exsanguination, or bleeding to death, from the body is now the most common cause of preventable death to wounded warriors on the battlefield," said Dr. John F. Kragh, an orthopedic surgeon and researcher at the ISR.

"Groin hemorrhage is the most common type of junctional bleeding where regular tourniquets cannot work."

Research on the effectiveness and type of battlefield truncal tourniquet began in 2009 after the Committee on Tactical Combat Casualty Care made it a research priority.

Shortly after, the Combat Casualty Care Research Program of the U.S. Army Medical Research and Materiel Command and ISR headquarters requested candidate devices for the research.

The Combat Ready Clamp (CRoC), approved by the U.S. Food and Drug Administration, manufactured by the Combat Medical Systems in Fayetteville, N.C., was selected from a handful of junctional tourniquet prototypes submitted from those submitted after the request for candidate devices.

"The CRoC is a vice-like tourniquet that can be placed over the groin and lower abdomen," Kragh said. "A pressure ball is screwed-down to press on the artery and to stop the bleeding."

The ISR works to optimize combat casualty care by focusing on providing requirement driven combat casualty care medical solutions and products for injured Soldiers from self-aid through definitive care across the full spectrum of military operations.



Photo by Steve Galvan

Dr. John F. Kragh, an orthopedic surgeon and researcher at USAISR, demonstrates how to apply the Combat Ready Clamp that is FDA approved and ready for battlefield use.

TOBACCO, continued from page 12

Health Related Behaviors, among Active Duty military personnel, 29.4 percent of Army personnel reported quitting chewing tobacco.

Quitting takes thought, planning and action. Prepare yourself to guit the habit. Some key steps are to recognize and manage different triggers and recognizing withdraw symptoms.

Triggers are situations, thoughts or feelings that cause a strong desire or urge to use tobacco. Like a wave, the urge will pass in a few minutes. There are three types of triggers to recognize and manage:

Physical triggers: Because of addiction, the body needs a certain level of nicotine in order for you to feel normal. To combat this addiction, gradually reduce the amount of nicotine in your body. Cut back

on the number of dips or amount of chews used daily. Mix the tobacco with a non-nicotine product.

- Habit triggers: The habit of automatic reaching for tobacco is connected with daily activities. To help break this connection, avoid people or activities connected with tobacco. Stay busy and physically active. Use substitutes for tobacco such as chewing sugar-free gum, sunflower seeds or use non-snuff tobacco.
- Stress or emotional triggers: Tobacco use is connected to feelings such as anger, boredom and stress. Take deep breaths, take a walk and find new ways to cope with stress and feelings such as meditation.

Quitting tobacco may result in withdrawal. Some symptoms are headaches, hunger, tiredness, trouble sleeping, trouble thinking, jumpiness, constipation and feeling irritable and blue.

Talk to your doctor about medications that can help with quitting.

The more you are prepared to quit, the better your chances of success.

Before the quit day, remove anything in your house and car that might remind of chewing or dipping. This will give you a chance to start a tobacco-free life.

Get ready, get set and quit smokeless tobacco. Join the Great American Spit Out on Feb. 23.

For more information on quitting spit tobacco, visit:

National Cancer Institute, https://cissecure.nci.nih.gov/livehelp/welcome.asp

UCANQUIT2,

http://www.ucanquit2.org/facts/gaspo/Default.aspx

My Last Dip, www.Mylastdip.com Page 14 NEWS

BAMC'S FOCUS

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Center for the Intrepid patients, staff mark 5th anniversary

By Dewey Mitchell/Maria Gallegos BAMC, Public Affairs

The world's most technologically advanced rehabilitation center for amputees and burn victims was opened here five years ago, and patients and staff celebrated its anniversary with a ceremonial cake cutting Jan. 27.

The Center for the Intrepid is a fourstory, 65,000-square- foot oval facility and was built by donations from more than 600,000 Americans. It is now staffed and funded by Brooke Army Medical Center (BAMC) and stands adjacent to San Antonio Military Medical Center (SAMMC).

Since its dedication on Jan. 29, 2007, it has provided outpatient rehabilitation for more than 780 service members and averages more than 3,400 patient visits permonth

The goal of the care is to maximize the potential of the injured servicemen and women whether they choose to remain on active duty or return to civilian life

"The Intrepid is truly a national treasure," said Maj. Gen. M. Ted Wong,

BAMC Commander. "Not only do we see outstanding results for our patients through the synergistic effects of this facility joined with our great staff and the encouragement of fellow patients, but the facility itself stands as an icon that the American people fully support our men in women in uniform who have sacrificed for us all."

Also on hand Friday was David Winters, President of the Intrepid Fallen Heroes Fund, which raised more than \$50 million to build the Center and the two adjacent Fisher Houses.

"This center was not just the work of the Intrepid Fallen Heroes Fund and the leadership here at Fort Sam Houston and in Washington. The Center for the Intrepid was truly a gift from the American people," Winters said.

"Thousands upon thousands of our fellow citizens - mothers and fathers, children and grandparents, aunts, uncles and neighbors - all reached into their pockets to support our efforts and raise the funds needed to build and equip this beautiful building."

The Intrepid includes clinical, research, administrative space, a gait lab, a computer assisted rehabilitation environment, a swimming pool, an indoor running track, a two story climbing wall, and a prosthetic fabrication lab. The latest addition to care is the Intrepid Dynamic Exoskeletal Orthosis (IDEO), which is a leg brace that reduces pain to lower leg injuries.

The center also provides a wide variety of activities outside the clinical setting, including horseback riding, archery, golf and scuba diving. These outings help the patients recover basic motor functioning and reasoning abilities, build confidence and gradually encourages them to reintegrate back into the community.

"We here in Texas build everything big," commented Dr. James Ficke, chairman of the department of orthopedics and rehabilitation of BAMC.

"This is a unique stand-alone facility. We take care of inpatients in the hospital, but everyone here at the Center for the Intrepid is an outpatient."



Photo by Robert d'Angelo

(From left) Pfc. Quentin Picone, Maj. Gen. M. Ted Wong, commander of BAMC and Southern Regional Medical Command and Spc. Terry Ligman cut the cake in celebration of the Center for the Intrepid 5th anniversary Jan. 27 at the CFI.

Ligman represented the past and the longest patient at the CFI and Picone represented the future and the newest patient at the CFI.

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CHANGING OF THE STOLE



Photos by Kelly Schaefer

Maj. Gen. M. Ted Wong, commander of BAMC and Southern **Regional Medical Command** stands between the outgoing BAMC Chief Chaplain Col. Timothy Eggleston, (left) and incoming Chaplain Col. Franklin Jackson during a Changing of the Stole ceremony at SAMMC's chapel Feb 6.

Eggleston will assume his new position at SRMC. He served as the Chief of BAMC's Department of Ministry and Pastoral Care since July 2010.

Jackson relinquished his position at Fort Hood as the Garrison Chaplain after he accepted his new position at BAMC. Jackson has more than 23 years of AD pastoral experi-



The State of Texas has designated SAMMC as a Texas Ten Steps Facility. This recognizes SAMMC as a hospital that supports and Breastfeeding. First step toward a healthy life. through policy develop-

ment, maternity care practices and resources for breastfeeding mothers.

SAMMC now has the same distinction as all major civilian Labor, Delivery and Recovery units in San Antonio. Staff and patients now have access to free educational materials and the nursing staff will receive free Continuing Education Units and resources from the Texas Department of State Health Services to comply with TJC Perinatal Care Core Measure for exclusive breastmilk feeding at discharge!

Congratulations LDR!





The Rucksack Grab n' Go!

LOCATION: 1st Floor, Consolidated Tower. near the Garden Entrance from the parking garage.

Initial hours of operation -6 a.m. to 6 p.m.

More details coming soon!

CONGRATULATIONS BAMC CIVILIAN AND MILITARY PERSONNEL!

Civilian Honorary Awards for January 2012

Commander's Award:

Mark D. Hansen, Information Management Division
Dennis G. Linkenhoker, Information Management Division
Mary A. Ray, Information Management Division
Richard Snyder, Information Management Division
Sylvia Rodriguez, Department of Emergency Medicine

Achievement Medal for Civilian Service:

Catherine Hobson, Information Management Division

Civilian Employee of the Quarter, First Quarter FY12:

Ronald Cherry, Safety Office

Military Awards for January and February 2012

Meritorious Service Medal (PCS):

LTC Alida E. Ramos MAJ Mary M. Maran CPT Monique Grinnell

Army Commendation Award (PCS):

SGT-P Juliet A. Mendonez SGT-P Candace B. Scott SGT Anastacio Rivera Jr.

Meritorious Service Medal (RET):

COL Tempsie L. Jones MAJ Mark K. Wallace SFC Collette Weary

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CONGRATULATIONS BAMC MILITARY PERSONNEL!

Military Promotions for January and February 2012 (Troop Command)

JANUARY 2012:

LTC David Parker, HHC

ILT Jonathan Cameron, A CO

ILT Stephen C. Cox, A CO

ILT Anthony R. Federico, A CO

ILT Andrew T. Hehr, A CO

ILT Alice H. Lee, A CO

ILT Arram Lee, A CO

ILT Alessandra Lynch, A CO

ILT Olabowale Olaigbe, A CO

ILT Joseph Weisbeck, A CO

ILT Megan Withers, A CO

SSG Jose J. Reyes, A CO

SGT Matthew Carpenter, D CO

SGT Jesse P. Baxter, HHC

SGT Christopher J. Fudge, A CO

SGT Matthew G. Giardina, A CO

SGT Dwyane Villanueva, HHC

SGT Nguyen Vu, A CO

FEBRUARY 2012:

MAJ Roy Martin Myers, HHC

ILT Cecil F. Berry, A CO

ILT Jenny R. Boucher, A CO

ILT Leah F. Bouska, A CO

ILT Kristina A. Cameron, A CO

ILT Jackie L. Dispennett, A CO

ILT Rachel M. Iosue, A CO

ILT Joshua D. Lawler, A CO

ILT Jenna D. Pacheco, A CO

ILT Laura R. Watkins, A CO

MSG James Gilliam, HHC MSG Gregg E. Shea, A CO SSG James R. Collins, C CO SGT Brian C. Kolb, A CO Page 18 NEWS



January Administrative & Disciplinary Report

- A Soldier was convicted in a General Court-Martial for assault- reduction to Private (EI), to be reprimanded, and to be discharged from the service with a Bad Conduct Discharge.
- A Soldier was convicted in a Special Court-Martial for dereliction of duty- reduction to Specialist (E4), to be reprimanded, and 45 days hard labor without confinement.
- A Soldier received a Company Grade Article 15 for disobeying a commissioned officer, disobeying a noncommissioned officer, false official statement and failure to be at appointed place of duty (x2)— reduction of one grade, forfeiture of seven days' pay, extra duty and restriction for 12 days.
- A Soldier received a Company Grade Article 15 for disrespect towards a noncommissioned officer- reduction of one grade, forfeiture of seven days' pay, and extra duty for 14 days.
- A Soldier received a Company Grade Article 15 for wrongful use of methamphetamine- reduction of one grade, forfeiture of seven days' pay, and extra duty for 14 days.
- A Soldier received a Company Grade Article 15 for failure to be at appointed place of duty (x4)-forfeiture of seven days' pay.
- A Soldier received a Company Grade Article 15 for failure to be at appointed place of duty- reduction of one grade, forfeiture of seven days' pay, and extra duty for 11 days.
- A Soldier received a Company Grade Article 15 for failure to obey a lawful general regulation- reduction of one grade, forfeiture of seven days' pay, and extra duty for 14 days.
- A Soldier received a Field Grade Article 15 for wrongful use of government credit card
 reduction of one grade, forfeiture of one-half of one month's pay for one month, and extra duty for 45 days.
- A Soldier received a Field Grade Article 15 for disrespect towards a commissioned officer- reduction of one grade.
- A Soldier received a Field Grade Article 15 for wrongful use of marijuana—reduction of two grades, forfeiture of half a month's pay for two months and extra duty for 45 days.
- A Soldier received a Field Grade Article 15 for wrongful use of cocaine
 reduction of one grade, forfeiture of five days pay for two months, and extra duty for 30 days.
- A Soldier received a Field Grade Article 15 for wrongful use of amphetamine- reduction of one grade.
- An Officer was required to Show Cause for adultery and assault. The Officer's request for retirement in lieu of elimination was accepted. The Officer was reduced one grade for retirement purposes.
- An Officer received a General Officer Letter of Reprimand for fraternization.

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Now located in the SAMMC's Consolidated Tower:

Lower Level

Volunteer Services
Facilities Management
IMD Customer Service Branch
Quality Management
Inspector General
Equal Opportunity Office
BAMC Civilian Resources Branch

1st Floor

Pediatric, Well Baby, EFMP, CAPS Pediatric Subspecialty Clinics Emergency Department Acute Care Clinic ED Satellite Lab

2nd Floor

Graduate Medical Education Department of Surgery Admin Surgery Pre-Admission Unit (PAU)

3rd Floor

Pulmonary Disease Clinic Hematology/Oncology Clinic Command Suite Center Judge Advocate (CJA) Strategic Communications and Protocol Clinical Operations Nursing Administration

6th Floor

Consultation and Liaison Services (Behavioral Health)



Market Place Main Dining Facility Hours

Monday-Sunday (Including Holidays):

Breakfast: 6 a.m. - *9:30 a.m. Lunch: 11 a.m. - 2 p.m. Dinner: 4 p.m. - 6 p.m.

* **Note**: The Dining Facility closes early for breakfast at 8:30 a.m. for staff training every 2nd Thursday of the month.

Marketplace Grab n' Go Hours



Monday-Sunday:

Breakfast: 2 a.m. - 6 a.m. Lunch: 9:30 a.m. - *4 p.m. Dinner: 6 p.m. - 2 a.m.

** **Note**: The Grab n' Go is closed for lunch on weekends and Holidays.

SAMMC's Volunteer Services looking for volunteers for the new Consolidated Tower.

For more information about the volunteer program, contact BAMC Volunteer Services at 210.916.5388.



